

Requests for Military Records, Discharges or Medals

Senator Brown's office assists veterans and families of deceased veterans in obtaining copies of military service records, discharges and/or replacement sets of medals and awards

If You Are a Veteran

Please complete the two attached forms and return them to Senator Brown's Cleveland office. *Be sure to sign **all** forms.* Please also include a copy of your DD Form 214, if possible.

If the Veteran is Deceased

An immediate family member (parent, sibling, spouse, or adult child) may submit the request. That person should fill out the two attached forms and submit them, along with a death certificate or other proof of death, to Senator Brown's Cleveland office. *Be sure to sign **both** forms.* Please also include a copy of the deceased veteran's DD Form 214, if possible.

Please be advised that to request your Official Military Personnel File (OMPF), you must identify that request in ***Section II-Information and/or Documents Requested: OTHER.***

You may send the documents by mail, fax, or as a scanned PDF email attachment.

Office address:

U.S. Senator Sherrod Brown
801 West Superior Avenue, Suite 1400
Cleveland, OH 44113

Fax: 216-522-2239

Email: casework@brown.senate.gov

If You Have Questions

Please call 216-522-7272, or toll-free 1-888-896-6446 (press option 1)



Request for Assistance

SENATOR SHERROD BROWN

NAME _____ HOME PHONE (____) _____

ADDRESS _____ CELL PHONE (____) _____

CITY _____ WORK PHONE (____) _____

STATE _____ ZIP _____ COUNTY _____ EMAIL _____

SS# _____ Date of Birth ____/____/____

Medicare# _____ CLAIM#/CASE# _____

(Provide these numbers only if necessary to investigate your case.)

Dear Senator Brown:

I am seeking your assistance in a personal matter involving the federal government. I hereby authorize your office to request, on my behalf, that the appropriate federal agency or agencies investigate the following:
(Use reverse side or additional paper, as needed.)

I further authorize, under the provisions of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information from their records about my case or claim to the office of Senator Sherrod Brown.

SIGNATURE _____ DATE _____

Please return this completed form and any other relevant information to:

Senator Sherrod Brown, 801 West Superior Avenue, Suite 1400, Cleveland, Ohio 44113-1829

Fax: 216-522-2239

Email: casework@brown.senate.gov

If you have questions call: **Phone: 216-522-7272 Toll-Free: 888-896-6446 (Press 1)**

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	-			<input type="checkbox"/>	<input type="checkbox"/>	
6. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - MUST provide Date of Death if veteran is deceased: _____						
7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES						

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☐ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: _____
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a DELETED copy.

☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided: _____

☐ **Other (Specify):** _____

2. **PURPOSE:** (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER NAME:** _____

2. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.
☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)
(Relationship to deceased veteran) _____

☐ I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
☐ OTHER
(Specify type of Other) _____

3. **SEND INFORMATION/DOCUMENTS TO:**
(Please print or type. See item 4 on accompanying instructions.)

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

4. **AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print _____ Date _____

Daytime phone _____ Fax Number _____

Email address _____

* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. *